



KENTUCKY BOARD OF LICENSURE FOR PASTORAL COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
(502)564-3296 ~ <http://klpc.ky.gov>

Application for Licensure as a Pastoral Counselor

APPLICATION INSTRUCTIONS

1. This application is to be used with Microsoft Word.
2. Press the TAB key to skip to the next field.
3. Once you have completed the form, you must print the form, and apply your handwritten signature. Application forms submitted without the appropriate signatures will be returned.
4. The completed application may be submitted to the Kentucky Board of Licensure for Pastoral Counselors either by mail to P.O. Box 1360, Frankfort, Kentucky 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.



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Application-2 Application for Licensure as a Pastoral Counselor

NOTE: \$400.00 application fee (check or money order made payable to the Kentucky State Treasurer) DO NOT SEND CASH

SECTION 1

1. _____
Name: Last First Middle
2. _____ 3. _____ - _____ - _____ 4. _____ / _____ / _____
Maiden or any other name ever used Social Security Number Date of Birth
5. _____ () - _____
Address: Street City State Zip Code Home Phone Number
_____ () - _____
Business Address Work Phone Number
6. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude (including driving while Intoxicated, not including traffic violations) under the laws of any state or of the United States? ☐ Yes ☐ No.
If yes, what offense? _____
(Submit Supporting Documentation)
7. Have you ever been discharged or resigned for alleged misconduct or unsatisfactory service from any employment Position, from any professional training program, or from any educational program of any college or university?
☐ Yes ☐ No. If yes, explain: _____
8. Are you credentialed as a Licensed Pastoral Counselor, or its equivalent, by any other state? ☐ Yes ☐ No.
If Yes, where: _____
9. Do you hold membership in the Kentucky Association of Pastoral Counselors? ☐ Yes ☐ No.
10. Are you a member in good standing with the American Association of Pastoral Counselors? ☐ Yes ☐ No.
(If yes, you are not required to complete the endorsement section.)
11. What is your level of certification with the American Association of Pastoral Counselors? _____
12. What is your American Association of Pastoral Counselors membership number? _____
13. Please submit a photocopy of your current American Association of Pastoral Counselors' membership card that displays the membership number.

SECTION 2 – EDUCATION

SCHOOL	NAME AND LOCATION	From	To	Month	Year	Number of Hours or Credits	Degrees Obtained
Under-Graduate School							
I							
Graduate							
Accredited Pastoral Counseling Training Program							

SECTION 3 – EXPERIENCE

Employed: From Mo. ____ Yr. ____ to Mo. ____ Yr. ____ Describe your duties:

Title or Position: _____

Name of Employer: _____

Address of Employer: _____

Employed: From Mo. ____ Yr. ____ to Mo. ____ Yr. ____ Describe your duties:

Title or Position: _____

Name of Employer: _____

Address of Employer: _____

Employed: From Mo. ____ Yr. ____ to Mo. ____ Yr. ____ Describe your duties:

Title or Position: _____

Name of Employer: _____

Address of Employer: _____

Employed: From Mo. ____ Yr. ____ to Mo. ____ Yr. ____ Describe your duties:

Title or Position: _____

Name of Employer: _____

Address of Employer: _____

SECTION 4 – CLINICAL SUPERVISION
250 HOURS
(120 Hours of the 250 must be individual supervision)

Clinical Supervisor's Name: _____

Address: _____

Telephone: _____

Dates Supervised: From: _____ to _____

Individual Hours: _____ Group Hours: _____

Clinical Supervisor's Name: _____

Address: _____

Telephone: _____

Dates Supervised: From: _____ to _____

Individual Hours: _____ Group Hours: _____

Clinical Supervisor's Name: _____

Address: _____

Telephone: _____

Dates Supervised: From: _____ to _____

Individual Hours: _____ Group Hours: _____

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board.

Applicant's Signature: _____ Date: _____

SECTION 5 – VERIFICATION OF CLINICAL SUPERVISION

(To be completed by Clinical Supervisor)

Clinical Supervisor's Signature: _____ Current Date: _____

Daytime Telephone Number: () - _____

Professional Credentials: _____

Total Number of Hours of Clinical Supervision of Applicant: _____

Dates of Supervision of Applicant: From: _____ To: _____

Number of individual supervisory hours of applicant: _____

Number of group supervisory hours of applicant: _____

(If former supervisor of applicant is deceased or unavailable for signature, please submit a supervisory report that documents clinical supervision from that former supervisor.)

RELIGIOUS ENDORSING BODY ENDORSEMENT FOR MINISTRY

Applicant's Name: _____

Applicant's Address: _____

Applicant's Signature

Date

The Board of Licensure for Pastoral Counselors seeks to maintain the highest standards of quality for its membership. When a minister (see definition below) seeks membership, the Board requires clear validation of both his/her Religious Endorsing body and his/her counseling skills. While it is the responsibility of the Board to determine the applicant's counseling credentials, the Religious Endorsing Body determined the applicant's endorsement for ministry. Therefore, you are requested to complete this form.

Name of Religious Endorsing Body: _____

Name & Title of Endorsing Official: _____

The endorsement should meet the following stipulations:

- A. Such an endorsement must come only from officials or agencies designated by their Religious Endorsing Body leaders as appropriate endorsers for ministry
- B. This must be an endorsement stating that the applicant is in good standing and is serving in an approved ministry.

Title & Description of Applicant's Ministry: _____

- _____
1. Does the applicant's ministry, as described above, have your Religious Endorsing Body's endorsement?
☐ Yes ☐ No.
 2. Is the ministry of the candidate recognized by your Religious Endorsing Body as a regular or specialized ministry? ☐ Regular ☐ Specialized
 3. In your Religious Endorsing Body, who is the person or group who annually reviews the applicant's ministry?

 4. If no regular review is conducted, in what way is the applicant accountable to your Religious Endorsing Body?

Signature of Endorsing Official

Date

Minister- "Ordained minister or the denominational equivalent" as defined in KRS 335.605 "means a person who has been called, elected, or other authorized by a church, synagogue, denomination, or faith group through ordination, consecration, or equivalent means, to exercise within and on the behalf of the denomination or faith group specific religious leadership and service that furthers it's purpose and mission."

SUPERVISED PASTORAL COUNSELING EXPERIENCE

1,375 HOURS OF SUPERVISED PASTORAL COUNSELING HOURS ARE REQUIRED

YEAR

COUNSELING HOURS

SUPERVISOR